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			First Named Inventor		Ilaria CAPUA			
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. 10/511,229 **Application Number** October 12, 2004 Filing Date Ilaria CAPUA POWER OF ATTORNEY First Named Inventor PURIFIED SUBFRAGMENT CODIFYING FOR and NEUROAMINIDASE, RECOMBINANT NEUROAMINIDASE CORRESPONDENCE ADDRESS AND ITS USE IN ZOOPROPHYLAXIS Title Not Yet Assigned INDICATION FORM **Art Unit** Not Yet Assigned **Examiner Name** 404172000300 Attorney Docket No. I hereby revoke all previous powers of attorney given in the above-identified application. I hereby appoint: 25226 Practitioners associated with the Customer Number: Practitioner(s) named below: Registration Registration Name Number Name Number as my/our attorney(s) or agent(s) to prosecute the application Identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number. OR 25226 The address associated with Customer Number: OR Firm or Individual Name Address Zip State City Telephone Fax Country I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Date Signature Telephone MARANGON Name ISTITUTO ECOPPOFICATION SPERIANTAIS DEUT UENEZIE DR Title and Company NOTE: Signatures of all the inventors or assignees of record of the entire interest or their repr esentative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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